

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Health Care Association Political Action Committee

ADDRESS (number and street) ▼

1201 L Street, NW

☐ Check if different than previously reported. (ACC)

Washington

DC

20005

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00006080

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)

## 4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15  
Quarterly Report (Q1)☐ July 15  
Quarterly Report (Q2)☐ October 15  
Quarterly Report (Q3)☐ January 31  
Year-End Report (YE)☐ July 31 Mid-Year  
Report (Non-election  
Year Only) (MY)☐ Termination Report  
(TER)(b) Monthly  
Report  
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)  
(Non-Election  
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)  
(Non-Election  
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
01 01 2013

through

M M M / D D D / Y Y Y Y Y Y  
01 31 2013

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mr. Leonard Russ

Signature of Treasurer

Mr. Leonard Russ

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
02 20 2013

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only**FEC FORM 3X**  
Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
01 / 01 / 2013 To: M M / D D / Y Y Y Y Y Y  
01 / 31 / 2013

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">Y Y Y Y Y Y</span> <span style="border: 1px solid black; padding: 2px;">2013</span>		<span style="border: 1px solid black; padding: 2px;">287615.28</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">287615.28</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">90657.75</span>	<span style="border: 1px solid black; padding: 2px;">90657.75</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">378273.03</span>	<span style="border: 1px solid black; padding: 2px;">378273.03</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">91871.49</span>	<span style="border: 1px solid black; padding: 2px;">91871.49</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">286401.54</span>	<span style="border: 1px solid black; padding: 2px;">286401.54</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Health Care Association Political Action Committee

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		0	1		2	0	1	3		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	1		3	1		2	0	1	3		

**I. Receipts**
**COLUMN A**  
Total This Period

**COLUMN B**  
Calendar Year-to-Date

## 11. Contributions (other than loans) From:

## (a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

83061.00

83061.00

(ii) Unitemized .....

2596.75

2596.75

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

85657.75

85657.75

(b) Political Party Committees .....

0.00

0.00

(c) Other Political Committees

(such as PACs).....

5000.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) .....

90657.75

90657.75

## 12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

## 13. All Loans Received .....

0.00

0.00

## 14. Loan Repayments Received.....

0.00

0.00

## 15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

## 16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

## 17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

## 18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5) .....

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),  
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

90657.75

90657.75

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19)..... ▶

90657.75

90657.75

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	871.49	871.49
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	871.49	871.49
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	91000.00	91000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	91871.49	91871.49
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	91871.49	91871.49

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	90657.75	90657.75
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	90657.75	90657.75
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ►	871.49	871.49
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ..... ►	871.49	871.49

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. John Barber**

Mailing Address 130 E Main St

City

Spartanburg

State

SC

Zip Code

29306-5113

FEC ID number of contributing  
federal political committee.

C

Name of Employer

White Oak Management, Inc.

Occupation

Executive VP/CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

01 / 24 / 2013

**Transaction ID : C1911782**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Elton Beebe Jr.**

Mailing Address 1308 Bruton Springs Road

City

Austin

State

TX

Zip Code

78733

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Burnt Tavern Rehabilitation HealthCare

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

01 / 25 / 2013

**Transaction ID : C1923129**

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**c. Mark Berger**

Mailing Address 521 Gleason St.

City

Brusly

State

LA

Zip Code

70719

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Louisiana Nursing Home Association

Occupation

CPA

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2013

**Transaction ID : C1911774**

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 7 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Roger Bernier**

Mailing Address 18 Forestdale Drive

City

White House Station

State

NJ

Zip Code

08889

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Chelsea Senior Living

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C1905537

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Linda Black-Kurek**

Mailing Address 7445 Liberty Woods Lane

City

Dayton

State

OH

Zip Code

45459

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Liberty Health Care Corporation

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C1905515

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Ashley Blankenship**

Mailing Address 1306 S. Donaghey

City

Conway

State

AR

Zip Code

72034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Nursing Home Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C1905775

Amount of Each Receipt this Period

1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

2750.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 37  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Christine K. Boldt**

Mailing Address 1534 Roving Hills Drive

City State Zip Code  
Red Wing MN 55066-7144

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Benedictine Health Systems

Occupation  
Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 31 / 2013

**Transaction ID : C1918463**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Lane Bowen**

Mailing Address 680 South Fourth Street

City State Zip Code  
Louisville KY 40202

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Kindred Healthcare

Occupation  
EVP & President, Health Services Div.

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 23 / 2013

**Transaction ID : C1911213**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Karen H. Chadderton**

Mailing Address 4 Wagon Road

City State Zip Code  
Enfield CT 06082-5639

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Riverside Health & Rehabilitation Cent

Occupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 30 / 2013

**Transaction ID : C1917749**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5750.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Marcia Cotter**

Mailing Address 904 Meadow Avenue

City

Shoreview

State

MN

Zip Code

55124

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Parkinson's Specialty Care

Occupation

CEO/Administrator

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		24		2013

Transaction ID : C1911777

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

**B. Patti Cullen**

Mailing Address 2104 Palace Ave

City

Saint Paul

State

MN

Zip Code

55105-1329

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Care Providers of Minnesota

Occupation

President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		25		2013

Transaction ID : C1923126

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Michael D'Arcangelo**

Mailing Address 200 Dryden Road, Suite 3100

City

Dresher

State

PA

Zip Code

19025

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Complete Healthcare Resources

Occupation

Senior Executive Vice President

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01		23		2013

Transaction ID : C1911216

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)..... ►

6300.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
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PAGE 10 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. RaeAnne Davis**

Mailing Address 9801 La Duke Drive

City

Kensington

State

MD

Zip Code

20895

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American Health Care Association

Occupation

Chief Strategic Officer & Senior VP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

950.00

Date of Receipt

01 / 22 / 2013

**Transaction ID : C1909388**

Amount of Each Receipt this Period

950.00

Full Name (Last, First, Middle Initial)

**B. Patrick Fairbanks**

Mailing Address 19915 Nina St.

City

Omaha

State

NE

Zip Code

68130

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vetter Health Services

Occupation

COO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2013

**Transaction ID : C1911231**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Julie Fox Cash**

Mailing Address 1536 Claiborne Ave

City

Shreveport

State

LA

Zip Code

71103-4206

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Claiborne Health Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 18 / 2013

**Transaction ID : C1923123**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1700.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Denny Gamble**

Mailing Address PO Box 52369

City

Shreveport

State

LA

Zip Code

71135-2369

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Guest Care Management

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 28 / 2013

**Transaction ID : C1923110**

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

## **B. David Gifford**

Mailing Address 81 Kenyon Ave

City

East Greenwich

State

RI

Zip Code

02818-2905

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Physician

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 30 / 2013

**Transaction ID : C1917753**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Patricia Giorgio**

Mailing Address 4702 Chestnut Ridge NE

City

Cedar Rapids

State

IA

Zip Code

52411

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Evergreen Estates

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
01 / 22 / 2013

**Transaction ID : C1909392**

Amount of Each Receipt this Period

1250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

7250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Beverly Hagood**

Mailing Address 403 Dundee

City State Zip Code  
 Texarkana AR 71854

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mt. Pleasant Healthcare

Occupation  
Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 18 / 2013

Transaction ID : C1923121

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Dana Halvorson**

Mailing Address 235 2nd St NE

City State Zip Code  
 Washington DC 20002

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
American Health Care Association

Occupation  
Director of NFP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 18 / 2013

Transaction ID : C1923115

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **C. Steven P Hatlestad**

Mailing Address 18705 West 153rd Terrace

City State Zip Code  
 Olathe KS 66062-3189

FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Americare Systems Inc.

Occupation  
VP Operation Skilled Division

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 29 / 2013

Transaction ID : C1914498

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

1000.00

**TOTAL** This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Steven D. Heaney

Mailing Address 1116 Ninth Ave.

City	State	Zip Code
Tom's River	NJ	08757

FEC ID number of contributing federal political committee.

C

Name of Employer

Brandywine Senior Living

Occupation

Vice President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2013

Transaction ID : C1905704

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Richard Herrick

Mailing Address 33 Elk Street

City	State	Zip Code
Albany	NY	12207

FEC ID number of contributing federal political committee.

C

Name of Employer

NYS Health Facilities Association

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	31	/	2013

Transaction ID : C1918466

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Margaret Hodgson

Mailing Address 509 E Fannin St

City	State	Zip Code
De Kalb	TX	75559-1838

FEC ID number of contributing federal political committee.

C

Name of Employer

Omaha Healthcare Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	18	/	2013

Transaction ID : C1923113

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Jeffrey N Hyatt**

Mailing Address 5102 Scenic Drive

City State Zip Code  
 Yakima WA 98908

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Hyatt Family Facilities

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C1905765

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Jeanne C. Jaeckels**

Mailing Address 12120 24th Street

City State Zip Code  
 Clear Lake MN 55319

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Tealwood Senior Living

Occupation

Director of Housing Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C1905703

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Kelley Kash**

Mailing Address 815 West Neck Road

City State Zip Code  
 Nobleboro ME 04555

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Maine Veterans' Homes

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 23 / 2013

Transaction ID : C1909396

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Gary Kelso**

Mailing Address 10331 E Highway 39

City  
HuntsvilleState  
UTZip Code  
84317-9670FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Mission Health ServicesOccupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 22 / 2013

Transaction ID : C1909389

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Rosemary C. Kilby**

Mailing Address 2030 N Garey Ave

City  
PomonaState  
CAZip Code  
91767-2722FEC ID number of contributing  
federal political committee.

C

Name of Employer  
Landmark Medical CenterOccupation  
Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 23 / 2013

Transaction ID : C1911209

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. Debra Kriner**

Mailing Address 7608 Shadywood Lane

City  
SylvaniaState  
OHZip Code  
43560-1841FEC ID number of contributing  
federal political committee.

C

Name of Employer  
D. Kriner & AssociatesOccupation  
Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 25 / 2013

Transaction ID : C1923130

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 16 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Cindy Luxem**

Mailing Address 1100 SW Gage

City State Zip Code  
 Topeka KS 66604

FEC ID number of contributing federal political committee.

C

Name of Employer

Kansas Health Care Association

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 25 / 2013

Transaction ID : C1913215

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. Christian Mason**

Mailing Address 15467 Union School Road

City State Zip Code  
 Woodburn OR 97071

FEC ID number of contributing federal political committee.

C

Name of Employer

Senior Housing Management, LLC

Occupation

CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 22 / 2013

Transaction ID : C1905773

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**C. Deborah Meade**

Mailing Address P.O. Box 9057

City State Zip Code  
 Warner Robins GA 31095

FEC ID number of contributing federal political committee.

C

Name of Employer

Health Management

Occupation

CFO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
 01 / 22 / 2013

Transaction ID : C1905751

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Nicolette Merino**

Mailing Address 25117 SW Parkway Ave.

City State Zip Code  
 Wilsonville OR 97070

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Avamere

Occupation

Regional Operations Manager

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 22 / 2013

**Transaction ID : C1905559**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Michael A Newton**

Mailing Address 6937 Warfield Avenue

City State Zip Code  
 Sykesville MD 21784

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexion Health

Occupation

Director of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 24 / 2013

**Transaction ID : C1911788**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Stacy Parkinson**

Mailing Address 9427 Spruce Tree Cir

City State Zip Code  
 Bethesda MD 20814-1654

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Self Employed

Occupation

Attorney

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 07 / 2013

**Transaction ID : C1896321**

Amount of Each Receipt this Period

5000.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

6500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 18 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Ronald R. Payne**

Mailing Address 1518 Legacy Dr  
Ste 110

City Frisco State TX Zip Code 75034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Southwest LTC Gulf Health

Occupation

President/CEO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 16 / 2013

Transaction ID : C1902195

Amount of Each Receipt this Period

5000.00

Full Name (Last, First, Middle Initial)

**B. Donald Pelligrino**

Mailing Address 270 Route 28

City Bridgewater State NJ Zip Code 08807-1919

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Bridgeway Senior Healthcare

Occupation

CEO/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

501.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 22 / 2013

Transaction ID : C1905514

Amount of Each Receipt this Period

501.00

Full Name (Last, First, Middle Initial)

**C. Scott Pilgrim**

Mailing Address 11921 S 89th East Ave

City Bixby State OK Zip Code 74008-1823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Diakonos Group LLC

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 25 / 2013

Transaction ID : C1913211

Amount of Each Receipt this Period

2500.00

SUBTOTAL of Receipts This Page (optional)..... ►

8001.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 19 OF 37

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☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. David Reynolds**

Mailing Address 241 El Sereno Drive

City

Scotts Valley

State

CA

Zip Code

95066

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Medline

Occupation

Sales Representative

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 28 / 2013

Transaction ID : C1913605

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Robert Rosenthal**

Mailing Address 6400 SW 44th St

City

Miami

State

FL

Zip Code

33155-5145

FEC ID number of contributing  
federal political committee.

C

Name of Employer

21st Century Health Group, Inc.

Occupation

Long Term Care Manager

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 20 / 2013

Transaction ID : C1905383

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**C. Joseph William Sadler**Mailing Address 1305 W Causeway Approach  
# 114

City

Mandeville

State

LA

Zip Code

70471-3043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Magnolia Ancillary Services

Occupation

Regional Director

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y  
01 / 25 / 2013

Transaction ID : C1923125

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 20 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Vincent Saturnino**

Mailing Address 14699 East Hampden

City State Zip Code  
 Arvada CO 80004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexion Health, Inc.

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 18 / 2013

**Transaction ID : C1923120**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

## **B. Joani Schelm**

Mailing Address 6330 South 104th Street

City State Zip Code  
 Omaha NE 68127

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Vetter Health Services, Inc.

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 16 / 2013

**Transaction ID : C1902191**

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

## **C. Terry Schmoyer Jr.**

Mailing Address 1330 Lady St, Ste 507

City State Zip Code  
 Columbia SC 29201-3300

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Schmoyer & Company, LLC

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

265.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 / 30 / 2013

**Transaction ID : C1917861**

Amount of Each Receipt this Period

265.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

3265.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 21 OF 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Laurie Shepard**

Mailing Address 6429 Earlington Lane

City	State	Zip Code
Lansing	MI	48917

FEC ID number of contributing federal political committee.

C

Name of Employer

Ingham Regional Assisted Living

Occupation

Managing Partner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2013

Transaction ID : C1905764

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**B. David Stallard**

Mailing Address 1305 West Causeway Approach, Ste 1

City	State	Zip Code
Mandeville	LA	70471

FEC ID number of contributing federal political committee.

C

Name of Employer

Louisiana Extended Care Centers, LLC

Occupation

Managing Member

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	14	/	2013

Transaction ID : C1898778

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Dee Thieme**

Mailing Address 1718-2 Mallard Avenue

City	State	Zip Code
Sheboygan Falls	WI	53085

FEC ID number of contributing federal political committee.

C

Name of Employer

Harmony Living Centers LLC

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	22	/	2013

Transaction ID : C1905767

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 22 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Lisa Toti**

Mailing Address 2140 River Oaks Drive

City State Zip Code  
 Salem VA 24153

FEC ID number of contributing  
federal political committee.

C

Name of Employer

American HealthCare, LLC

Occupation

Vice President of Human Resources

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2013

**Transaction ID : C1905682**

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**B. Gary Troth**

Mailing Address 4002 Teton Trce

City State Zip Code  
 Sioux City IA 51104-4338

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Northern Hills Assisted Living

Occupation

Executive Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

01 / 24 / 2013

**Transaction ID : C1911784**

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

**c. Chudy Ubegchu**

Mailing Address 128 Kings Court

City State Zip Code  
 Waxahachie TX 75165

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Nexion

Occupation

Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

295.00

Date of Receipt

01 / 18 / 2013

**Transaction ID : C1923119**

Amount of Each Receipt this Period

295.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1045.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 23 OF 37

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Glenn Van Ekeren**

Mailing Address 21134 Arbor Court

City	State	Zip Code
Elkhorn	NE	68022-2063

FEC ID number of contributing federal political committee.

C

Name of Employer  
Vetter Health Services

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	23	/	2013

Transaction ID : C1911208

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**B. Jack Vetter**

Mailing Address 20220 Harney Street

City	State	Zip Code
Elkhorn	NE	68022

FEC ID number of contributing federal political committee.

C

Name of Employer  
Vetter Health Services

Occupation  
President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	24	/	2013

Transaction ID : C1911787

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

**C. Paula Warren**

Mailing Address 1201 L Street, NW

City	State	Zip Code
Washington	DC	20005

FEC ID number of contributing federal political committee.

C

Name of Employer  
AHCA/NCAL

Occupation  
CIO

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	30	/	2013

Transaction ID : C1917754

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

4250.00

TOTAL This Period (last page this line number only)..... ►

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 24 OF 37

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

## **A. Brett Waters**

Mailing Address 2416 Mesa Street

City

Idaho Falls

State

ID

Zip Code

83401

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Beginnings Community Living Home

Occupation

President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C1909391

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

## **B. Kristin West Kemper**

Mailing Address 32151 Schwartz Rd

City

Avon

State

OH

Zip Code

44011-2517

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Kemper House

Occupation

Vice President of Operations

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

01 / 22 / 2013

Transaction ID : C1905545

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

## **C. Horace Winchester**

Mailing Address 10 Kachina Lane

City

Placitas

State

NM

Zip Code

87043

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Winchester Management

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 24 / 2013

Transaction ID : C1912340

Amount of Each Receipt this Period

250.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

1500.00



# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 25 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Roderick Wolfe**

Mailing Address 413 Lake Point Drive

City State Zip Code  
 Clarksville TN 37043

FEC ID number of contributing federal political committee.

C

Name of Employer  
 DIGITAR Management Co.

Occupation  
 Administrator

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 22 2013

Transaction ID : C1905771

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. Marilyn Wood**

Mailing Address 4140 Lakeland Highlands Rd

City State Zip Code  
 Lakeland FL 33813

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Opis Management Resources LLC

Occupation  
 CEO/Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 24 2013

Transaction ID : C1911783

Amount of Each Receipt this Period

2500.00

Full Name (Last, First, Middle Initial)

**C. Frank Wronski**

Mailing Address 64500 Van Dyke Road

City State Zip Code  
 Washington MI 48095-2583

FEC ID number of contributing federal political committee.

C

Name of Employer  
 Medilodge Group

Occupation  
 President

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 24 2013

Transaction ID : C1911790

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

4500.00

TOTAL This Period (last page this line number only)..... ►

# SCHEDULE A (FEC Form 3X)

## ITEMIZED RECEIPTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 37  
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Kim Zimmerman

Mailing Address 6797 Colby Crossing

City State Zip Code  
McLean VA 22046

FEC ID number of contributing  
federal political committee.

C

Name of Employer

AHCA/NCAL

Occupation

Senior Director

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

01 / 25 / 2013

Transaction ID : C1913192

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. LAG Associates LP Managers

Mailing Address 8028 Ritchie Hwy  
Ste 210

City State Zip Code  
Pasadena MD 21122-1075

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

01 / 23 / 2013

Transaction ID : C1911215

Amount of Each Receipt this Period

1250.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

C. Gary Attman

Mailing Address 8028 Ritchie Highway

City State Zip Code  
Pasadena MD 21122-1069

FEC ID number of contributing  
federal political committee.

C

Name of Employer

LAG Associates LP Managers

Occupation

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

01 / 23 / 2013

Transaction ID : C1923191

Amount of Each Receipt this Period

1250.00

[MEMO ITEM]

\*

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 27 OF 37

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Central Management Company, LLC**

Mailing Address PO Box 1438

City State Zip Code  
 Winnfield LA 71483-1438

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 25 2013

Transaction ID : C1923132

Amount of Each Receipt this Period

2500.00

PARTNERSHIP--partners below if itemized

Full Name (Last, First, Middle Initial)

**B. Teddy Rae Price**

Mailing Address PO Box 1438

City State Zip Code  
 Winnfield LA 71483-1438

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Central Management Company, LLC

Owner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 25 2013

Transaction ID : C1923133

Amount of Each Receipt this Period

2500.00

[MEMO ITEM]

\*

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

2500.00

TOTAL This Period (last page this line number only)..... ►

83061.00

# **SCHEDULE A (FEC Form 3X)** **ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER: PAGE 28 OF 37  
(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

## **A. DIRECT SUPPLY INC. PARTNERS PAC (DSI PARTNERS PAC)**

Mailing Address 6767 North Industrial Road

City State Zip Code  
 Milwaukee WI 53223

FEC ID number of contributing  
federal political committee.

C C00409516

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 01 18 2013

Transaction ID : C1923116

Amount of Each Receipt this Period

5000.00

Unsolicited Contribution

Full Name (Last, First, Middle Initial)

## **B.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

## **C.**

Mailing Address

City State Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts This Page (optional)..... ►

**TOTAL** This Period (last page this line number only)..... ►

5000.00

5000.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 29 OF 37

☒ 21b   ☐ 22   ☐ 23   ☐ 24   ☐ 25   ☐ 26  
☐ 27   ☐ 28a   ☐ 28b   ☐ 28c   ☐ 29   ☐ 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 11 2013
**Transaction ID : D140502**

Amount of Each Disbursement this Period

1.60

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 11 2013
**Transaction ID : D140503**

Amount of Each Disbursement this Period

16.00

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 28 2013
**Transaction ID : D140504**

Amount of Each Disbursement this Period

64.00

**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

81.60

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 30 OF 37

☒ 21b    ☐ 22    ☐ 23    ☐ 24    ☐ 25    ☐ 26  
☐ 27    ☐ 28a    ☐ 28b    ☐ 28c    ☐ 29    ☐ 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 28 2013

Transaction ID : D140505

Amount of Each Disbursement this Period

132.80

Full Name (Last, First, Middle Initial)

**B. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 29 2013

Transaction ID : D140506

Amount of Each Disbursement this Period

91.20

Full Name (Last, First, Middle Initial)

**C. American Express**

Mailing Address PO Box 53773

City State Zip Code  
Phoenix AZ 85072-3773
Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President  
State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 25 2013

Transaction ID : D140512

Amount of Each Disbursement this Period

1.70

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.70









**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 34 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. GLACIER PAC**Mailing Address 236 Massachusetts Avenue NE  
Suite 603

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2013

**Transaction ID : D140147**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**B. MODERATE DEMOCRATS PAC**

Mailing Address 426 C STREET NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		30		2013

**Transaction ID : D140293**

Amount of Each Disbursement this Period

5000.00
---------

Full Name (Last, First, Middle Initial)

**C. National Republican Congressional Committee**

Mailing Address 320 1st St SE

City Washington State DC Zip Code 20003-1838

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2013

**Transaction ID : D140142**

Amount of Each Disbursement this Period

15000.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

25000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 35 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Health Care Association Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. National Republican Senatorial Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2013

Mailing Address 425 2nd St NE

City	State	Zip Code
Washington	DC	20002-4914

**Transaction ID : D140145**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

15000.00
----------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**B. New Democrat Coalition**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		14		2013

Mailing Address 607 14th St NW  
Ste 800

City	State	Zip Code
Washington	DC	20005-2005

**Transaction ID : D140033**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Full Name (Last, First, Middle Initial)

**C. NUNNELEE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		22		2013

Mailing Address 438 EAST MAIN ST

City	State	Zip Code
TUPELO	MS	38802

**Transaction ID : D140146**Purpose of Disbursement  
Contribution

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

1000.00
---------

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014	<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
		<input type="checkbox"/> Other (specify) ▼	

State: MS District: 01

**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

21000.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 36 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. CANTOR FOR CONGRESS**

Mailing Address P. O. Box 17813

City	State	Zip Code
Richmond	VA	23226

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Eric Cantor

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: VA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	14	/	2013

Transaction ID : D140032

Amount of Each Disbursement this Period

1000.00
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Full Name (Last, First, Middle Initial)

**B. KEVIN MCCARTHY FOR CONGRESS**

Mailing Address PO Box 12667

City	State	Zip Code
Bakersfield	CA	93389

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Kevin McCarthy

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: CA District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	14	/	2013

Transaction ID : D140031

Amount of Each Disbursement this Period

2500.00
---------

Full Name (Last, First, Middle Initial)

**C. TOM REED FOR CONGRESS**

Mailing Address 99 W 1st Street

City	State	Zip Code
Corning	NY	14830

Purpose of Disbursement  
Contribution

Candidate Name

Rep. Thomas W Reed II

Office Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2014  
☒ Primary ☐ General  
☐ Other (specify) ▼

State: NY District: 23

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	30	/	2013

Transaction ID : D140292

Amount of Each Disbursement this Period

5000.00
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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8500.00
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**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 37 OF 37

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Health Care Association Political Action Committee

Full Name (Last, First, Middle Initial)

**A. Tuesday Group Political Action Committee**

Mailing Address PO Box 11586

City	State	Zip Code
Washington	DC	20008

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
01		08		2013

Transaction ID : D139994

Amount of Each Disbursement this Period

5000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For:

<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

5000.00
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91000.00
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